

CHILDHOOD LEUKEMIA STUDY

EMF AND RADON EXPOSURES

Before I take the EMF measurements, I would like to ask you a few questions about your residence. This interview should take about 5 minutes.

1. What material or materials are the outside of this residence made of, not counting the roof? (CIRCLE ALL THAT APPLY)

SHOW CARD A

- a. WOOD 1
 - b. BRICK..... 2
 - c. CEMENT BLOCK..... 3
 - d. CONCRETE 4
 - e. STONE 5
 - f. ALUMINIUM OR VINYL SIDING..... 6
 - g. ANYTHING ELSE (SPECIFY) 7
-

2. Is the lowest level, or the basement, partially or completely below ground?

- YES 1
- NO..... 2 (Q4)
- DON'T KNOW 8 (Q4)

3. What materials are your basement or lower level walls made of? Are they brick, cement block, cinder block, concrete, stone, or some other material? (CIRCLE ALL THAT APPLY)

- a. BRICK..... 1
 - b. CEMENT BLOCK..... 2
 - c. CINDER BLOCK 3
 - d. CONCRETE 4
 - e. STONE 5
 - f. ANYTHING ELSE (SPECIFY) 6
-

4. Is there a crawl space under the house?

- YES 1 (BOX A)
- NO..... 2 (Q6)

<p style="text-align: center;">BOX A IF Q2 = 1, ASK Q5 IF Q2 = 2 OR 8, GO TO Q6</p>
--

5. Is the crawl space open to the basement or lower level?

YES..... 1
NO..... 2

6. What is the primary source of heat in this residence?

SHOW CARD B

ELECTRIC.....	01	(Q7)	
GAS FURNACE	02	}	
OIL FURNACE	03		
COAL STOVE	04		
WOOD STOVE	05		(Q8)
KEROSENE HEATER	06		
SOLAR POWER	07	}	
OTHER (SPECIFY).....	08		

7. Do you have a heat pump?

YES..... 1
NO..... 2

8. Is there more than one source of heat in this residence?

YES..... 1
NO..... 2 (Q11)

9. What is the secondary source or other source or sources of heat? (CIRCLE ALL THAT APPLY)

SHOW CARD B

ELECTRIC.....	01
GAS FURNACE	02
OIL FURNACE	03
COAL STOVE	04
WOOD STOVE	05
KEROSENE HEATER	06
SOLAR POWER	07
OTHER (SPECIFY).....	08

BOX B
CHECK Q9
IF 1 IS CIRCLED, ASK Q10
IF 1 IS NOT CIRCLED, GO TO Q11

10. Do you have a heat pump?

YES..... 1
NO..... 2 (Q11)

11. Does this residence have...

	<u>YES</u>	<u>NO</u>
a. Air ducts or vents?.....	1	2
b. Radiators?	1	2
c. Heating wires or pipes in the ceiling or floor?	1	2
d. Built-in baseboard heaters.....	1	2

12. Do you cook with electric or gas stove top burners?

ELECTRIC..... 1
GAS 2
BOTH..... 3
OTHER (SPECIFY)..... 4

13. Do you use air conditioning?

YES..... 1
NO..... 2 (Q15)

14. When you use air conditioning, do you usually use central air conditioning or window units?

CENTRAL..... 1
WINDOW 2
BOTH..... 3

15. To the best of your knowledge, was this home ever tested for radon?

YES..... 1
NO..... 2 (Q18)

16. Was any work ever done to this home to correct radon problems?

YES (SPECIFY)..... 1

NO..... 2 (Q18)

17. When was this work completed?

|_|_| - |_|_|
MONTH YEAR

CURRENTLY IN PROGRESS..... 9696
DON'T KNOW 9898

18. While residing at this home, have any shopping centers, housing developments, or any other large developments been built within a five-block or ¼-mile radius of this home?

YES 1
NO 2 (ENDING STATEMENT)

19. When was this construction completed?

|_|_| - |_|_|
MONTH YEAR

STILL UNDER CONSTRUCTION 9696
DON'T KNOW 9898

ENDING STATEMENT:

Thank you very much for your cooperation. Now I would like to take a few measurements in your home.